

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S62867

1. Entity Name

COBURN MANAGEMENT COMPANY

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90076 017 \*\*\*150.00

Principal Place of Business

Mailing Address

1859 INLET DR.  
MARCO ISLAND FL 34145

1859 INLET DR.  
MARCO ISLAND FL 34145

2. Principal Place of Business

3. Mailing Address

1859 INLET DR.

1859 INLET DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARCO ISLAND, FL

City & State

MARCO ISLAND, FL

Zip

Country

34145

Collier

Zip

Country

34145

Collier

4. FEI Number

65-0274757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEALE, PATRICK H ESQ.  
48 TEMPLEWOOD CT.  
MARCO ISLAND FL 34145

Name

Street Address (P.O.-Box Number is Not Acceptable)

City

Zip Code

1859 INLET DR. (NOT INLET)  
MARCO ISLAND, FL 34145

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME COBURN, THOMAS  
STREET ADDRESS 1859 INLET DR.  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE DP  
NAME COBURN, THOMAS  
STREET ADDRESS 1859 INLET DR.  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/00 1-941-389  
8042

CR2E034 (9/99)